



Applicant: Andrew Karellas, Srinivasan Vedantham and
Sankararaman Suryanarayanan

Application No.: 09/990,880 Filed Date: November 21, 2001
Confirmation No.: 2218 Group: 2882 Examiner: Courtney Thomas
For: System and Method for X-Ray Fluoroscopic Imaging

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>October 23, 2003</u> Date	<u>Mary P. McDermott</u> Signature
_____ Mary P. McDermott Typed or printed name of person signing certificate	

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Amendment and Fee Transmittal

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)			(COL. 2)		(COL. 3)		SMALL ENTITY OR OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	45	MINUS	*29	16	X \$9	\$	X \$18	\$288.00
INDEP	4	MINUS	**3	1	X \$43	\$	X \$86	\$86.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145	\$	+ \$290	\$
					TOTAL =	\$ 0	TOTAL =	\$374.00

* not fewer than 20
** not fewer than 3

Please charge Deposit Account No. 50-1935 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

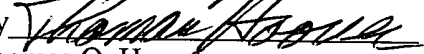
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three months Extension of Time	\$ <u>950.00</u>
<input checked="" type="checkbox"/>	Amendment Fee	\$ <u>374.00</u>
<input checked="" type="checkbox"/>	Other Fees:	
	<u>Supplemental Information Disclosure Statement</u>	\$ <u>180.00</u>
	_____	\$ _____
	TOTAL:	\$ <u>1,504.00</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 50-1935 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

BOWDITCH & DEWEY, LLP

By 
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